

PS1000068751

Requester Name \_\_\_\_\_  
Address \_\_\_\_\_  
REFERENCE NUMBER \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
941-593-0551  
PRACTICE MGMT CONSULTANTS  
10661 N AIRPORT RD STE 16  
NAPLES FL 34109

Office Use Only

NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-07/11/01--01003--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait \_\_\_\_\_ ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
01 JUL 10 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
SUR-THING OF S.W. FLORIDA, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt the following articles of incorporation:

**ARTICLE I**

**NAME**

The name of the corporation is **SUR-THING OF S.W. FLORIDA, INC.**

**ARTICLE II**

**DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE III**

**PURPOSE**

The corporation is formed to provide nursing services to post-op patients and to transact any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV**

**CAPITAL STOCK**

The aggregate number of shares which the corporation has authority to issue is 7,500, all of which shall be common shares with a par value of \$1.00.

**ARTICLE V**

**PRINCIPAL OFFICE, REGISTERED OFFICE & MAILING ADDRESS**

The principal place of business and mailing address of the corporation is SUR-THING OF S.W. FLORIDA, INC. The name of the initial registered agent is JOSEPH A. FALLUCCA and the Registered office at 3425 LAKEVIEW DRIVE, NAPLES, FL 34112. The registered offices' phone number is 941.793.1551

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ARTICLE VI

MANAGEMENT

The business of the corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VII

INCORPORATORS, SUBSCRIBERS, STOCKHOLDERS AND OFFICERS

The initial subscribers, stockholders and officers are:

JOSEPH A. FALLUCCA  
3425 LAKEVIEW DRIVE  
NAPLES, FL 34112

President

JOY A. FALLUCCA  
3425 LAKEVIEW DRIVE  
NAPLES, FL 34112

Vice President

ARTICLES VIII

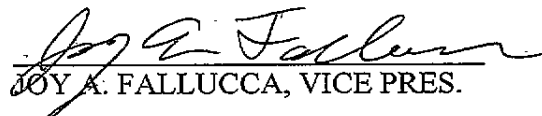
COMMENCEMENT OF EXISTENCE

The corporation shall be deemed to commence its existence when these Articles are filed with the office of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have subscribed my name this 9 day of

JULY, 2001.

  
JOSEPH A. FALLUCCA, PRESIDENT

  
JOY A. FALLUCCA, VICE PRES.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHICH PROCESS MAY BE SERVED**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the following is submitted in compliance with said act:

That, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, in the County of COLLIER, State of Florida, has named JOSEPH A. FALLUCCA, located at 3425 LAKEVIEW DRIVE, NAPLES, FL 34112, County of COLLIER, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
JOSEPH A. FALLUCCA

07-09-01  
Date

STATE OF FLORIDA

COUNTY OF COLLIER

On this 9th day of July, 2001, before me personally  
appeared JOSEPH A. FALLUCCA, Florida Drivers License Number F420-481-45-219-0  
and JOY A. FALLUCCA, Florida Drivers License Number F420-433-50-5744  
known to me to be the persons whose name is subscribed to the within instrument, and  
acknowledged that they executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

*Jeffrey*

Notary Public

My Commission Expires:

CC 774734

9/13/02

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01 JUL 10 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA